

5 August 2011

This report is produced by OCHA in collaboration with humanitarian partners. It is issued by OCHA Kenya. It covers the period from 30 July – 5 August. The next report will be issued on or around 12 August .

HIGHLIGHTS/KEY PRIORITIES

- Increased food aid beneficiary caseload targeted in August; food aid pipeline after September in focus.
- Long rains assessment to conclude 25 August.
- Over 10,000 refugees moved to new tented sites in Dadaab.
- Immunization against polio, measles with Vitamin A supplementation and deworming in Dadaab concluded
- Funding constraints limit humanitarian response; 51 per cent of current needs are unfunded.
- Government of Kenya strengthens response to drought and collaboration with partners, releases KES 2.1 billion (\$22 million) to support urgent interventions.

II. Situation Overview

Humanitarian actors in Kenya are reinforcing humanitarian assistance to ensure that drought-affected populations in Kenya and refugees receive timely response. The Government of Kenya is working closely with humanitarian actors and has stepped up coordination and information sharing. The Kenya Army and National Youth Service in Kenya have been mobilized to support logistical and transport needs. As the drought continues to bite, more than normal pastoral population movements are being reported from Moyale to Isiolo and southern Ethiopia, and from Turkana to Uganda. In Mandera in northeastern Kenya, options for pastoral communities to move in search of water and pasture for livestock are limited. Water stresses have worsened and increased demand for water trucking services for both humans and livestock.

Emergency Humanitarian Response Plan: Funding Status 3 August (US\$)

<i>Sector</i>	<i>Requirements</i>	<i>Funding</i>	<i>% covered</i>	<i>Pledges</i>
Agriculture and livestock	33,153,036	6,534,835	20	
Coordination	2,085,530	984,652	47	900,000
Early Recovery	8,333,512	3,073,754	37	
Education	3,199,360	518,939	16	
Food Aid	217,729,907	166,381,300	76	8,515,220
Health	16,696,699	2,345,873	14	
Multi-sector assistance for refugees	367,547,406	155,616,409	42	8,295,527
Nutrition	65,342,919	14,274,959	22	
Protection	9,174,951	632,193	7	
Water, Sanitation and Hygiene	17,436,680	5,923,694	34	
Grand Total	740,700,000	364,076,753	49%	22,822,568

III. Humanitarian Needs and Response



FOOD

Needs: General food distribution and supplementary feeding needed for at least 3.2 million people.

Response: WFP informed the Crisis Consultative Forum that in July it reached 1.1 million people of a targeted 1.7 million because of pipeline and resource challenges. The Government of Kenya, in agreement with WFP, targets 800,000 people for general food distribution.

Gaps & Constraints: There is a huge resource gap to meet the needs of the increased food beneficiary caseload from 2.4 million in July to 3.2 million people in August. The ongoing Long Rains Assessment will firm up the numbers of food insecure. It concludes on 25 August. It remains unclear how many people are unreached in food distribution as a result of pipeline, logistical and resource constraints.

NUTRITION

Needs: The current caseload of children under treatment for severe and moderate acute malnutrition is 16,122 and 62,724 respectively – but not all affected children are being treated. With the expansion of partnerships, an additional 20,000 children with severe acute malnutrition and 82,000 children with moderate malnutrition will be provided with treatment.

Response: Emergency nutrition supplies (Ready-to-Use Therapeutic Food (RUTF), F-100, F-75 and anthropometric equipment) have been provided to reach 16,122 children. It is estimated that the cost of weekly nutrition supplies are about US \$400,000. Blanket Supplementary Feeding (BSF) has begun in Turkana North East, and will start in Marsabit, Mandera, Wajir, Isiolo and Samburu district in August. The BSF is expected to reach a total of 340,000 children (age 6 months – 3 years) and 26,799 pregnant and lactating women for the next three months. UNICEF has 18 full-time Nutrition Support Officers in 18 most severely affected districts to support the Ministry of Health in coordination of activities, emergency response planning and scaling up of emergency activities to meet district and country level targets for high impact nutrition interventions.

The Nutrition Sector is supporting Vitamin A supplementation; use of zinc for diarrhea management; deworming of children; and promotion of appropriate infant and young child feeding practices at health facility and community levels. The Kenya Red Cross Society is working with the Ministry of Public Health and Sanitation to open health facilities in Wajir, Turkana and Marsabit and is also providing technical support.

Gaps & Constraints: Funding gaps remain a major impediment to achieve targets.

HEALTH

Needs: There is need to strengthen disease surveillance systems for mobile communities who are at risk of contracting or spreading diseases. There is need to treat Kala-azar in Isiolo, Marsabit and Merti areas.

Response: A poliomyelitis, measles, deworming and Vitamin A supplementation campaign ended in the five refugee-hosting districts of Lagadera, Fafi, Ijara, Wajir South and Garissa. Some 250,000 children under age 5 were targeted for vaccination. The health sector reports that coverage results were 99 per cent for measles, 97 per cent for poliomyelitis, and 98 per cent for both Vitamin A supplementation and deworming. The campaign in the refugee camps run from 1 to 5 August. WHO and UNHCR coordinated the campaign with the support of UNICEF. Financial support was provided to scale up outreach services and strengthen surveillance systems in upper Rift Valley, North Eastern and Upper Eastern Provinces. Health partners will support a larger integrated mop up campaign in September targeting 526,778 children under age 5 with measles, polio, Vitamin A and deworming in upper Eastern, parts of Coast Province and upper Rift Valley.

Gaps & Constraints: The District Health Management Teams (DHMTs) of the recently-created districts have little or no capacity to effectively coordinate the health services in their districts. There are weak surveillance systems due to movement of people from various areas. Low immunization coverage is likely to lead to outbreaks of communicable diseases. Mop up integrated measles campaigns are ongoing in the areas where measles have been reported. Accelerated nutritional and livelihood support to the population to strengthen its coping mechanism is also ongoing, as is targeted support to the districts to diagnose and treat Kala-azar in the affected districts.

WATER SANITATION HYGIENE

Needs: Access to water is becoming more problematic due to the high cost of water, dried-up water sources and breakdowns resulting in additional pressure on functioning water points. There is need to target water source maintenance and rehabilitation (boreholes), promotion of water treatment, water storage improvement and capacity building.

Response: As part of the efforts of the WASH Sector, ACF conducted borehole rehabilitation and provided water storage facilities benefitting 16,170 beneficiaries in Garbatulla. In Wajir, Mercy Corps has increased access to affordable water through water trucking targeting 66,531 beneficiaries and subsidizing borehole fuel which has supported some 53,371 people. COOPI has increased access to safe water in Mandera, Banissa, Dadaab through water trucking, benefitting 82,671 beneficiaries, while borehole maintenance/construction has supported 25,000 people, and water pan construction has resulted in 3,000 households accessing safe water. Pipeline extensions/kiosks and hygiene promotions have reached another 3,000 households.

UNICEF activated Rapid Intervention Teams (RIT) in Mandera, Wajir, Garissa, Turkana, Marsabit and Moyale and released funds for fuel subsidies, procurement of fast moving spare parts and logistical support. Forty 5,000 litre-plastic water tanks have been distributed to: Liboi (4 tanks), in the Arid and Semi Arid Lands through the Northern Water Service Board (26 tanks) and Turkana (10 tanks). The WASH Sector is working with the Nutrition Sector to provide WASH services in health facilities running Integrated Management of Acute Malnutrition (IMAM) services and requisitioning tanks for 701 schools with feeding programmes that are currently facing water challenges.

Gaps & Constraints: Agreements are being developed with Islamic Relief Kenya for drought interventions in Mandera, Wajir and Turkana districts and Pastoralist Integrated Support Programme (PISP) in Marsabit district. These will include development of new water sources, rehabilitation of some facilities, and training on operation and maintenance it aims to reach at least two million children.



EDUCATION

Needs: A drought assessment conducted in July by the Ministry of Education and partners agreed on an emergency education response plan which includes introducing waivers of school fees for secondary schools in arid areas; increase boarding school grants; regular school feeding; expanded “home grown” school feeding; recreation, teaching and learning supplies provided to schools in areas that have seen an increase in enrolment; Early Childhood Development (ECD) kits provided to ECD centres in affected areas; boarding school supplies provided to schools in affected areas; and mobile schools set up in areas that report high drop outs.

Response: After the Ministry of Education's (MoE) announcement to keep schools in ASALs open during August break as feeding centers and safe spaces for children providing at least one meal in a day, WFP has agreed to provide food, and the Teacher Service Commission has agreed to keep teachers in schools to supervise the children.

Gaps & Constraints: Schools are providing a range of protective and practical services to drought-affected schools but the education sector is poorly funded.



PROTECTION

Needs: Close monitoring of population movements is needed to ensure conflict mitigation initiatives are strengthened or put in place. There is need for strengthened response to humanitarian needs resulting from conflict over resources.

Response: The Ministry of Northern Development for Kenya has release Kes160 million (\$1.7 million) to support peace initiatives and the functioning of District Steering Groups in the Arid and Semi Arid Lands, in light of increased conflict over resources. As part of its support to urban street centers/Child Protection Centers, 250 “Somali mats” and five Child Friendly Space kits have been sent to the Child Protection Centre in Garissa by UNICEF.

Gaps & Constraints: Response to conflicts in pastoral areas is limited.



AGRICULTURE AND LIVESTOCK

Needs: There is an urgent need for seed, agricultural inputs and support to soil and water conservation in preparation for the October-December rains. These activities will primarily target the marginal agricultural areas of Tharaka, Machakos, Mwingi, Kitui Embu and Makueni Counties. In the livestock sector there is a need for livestock feed, treatment, provision of water in strategic grazing areas / rehabilitation of water

sources infrastructure and off-take (using market-based off-take as a first priority in order to ensure the continued functioning of markets and only reverting to slaughter off-take when animals are no longer in a condition to be sold through regular markets). Priority areas are all the ASAL counties, including Tana River, which has received very little support to date. In Moyale, livestock are in poor condition, especially cattle with an estimated 40 per cent mortality out of a cattle population of 116,000. Livestock migration is primarily towards Ethiopia (40 per cent) with 20 per cent of cattle moving towards Isiolo. Goats and camels remain in fair to poor condition. In Isiolo, there has been a significant influx of livestock from Marsabit, Moyale, Wajir, Mandera and Garissa to access pasture near Gambela (on the Meru-Isiolo border). Pasture has now been depleted and there are reports of tension and conflict in the area. An outbreak of peste des petits ruminants (PPR) was confirmed in June and there is a concern that the disease will spread as animals are moving significant distances. Livestock body condition is exceptionally poor and many animals have died in Sericho and Merti areas (although no estimated percentage is available). Movement of livestock is primarily towards Tigania in Meru and parts of Laikipia, so these are areas to watch in terms of potential PPR spread. In Garissa, livestock conditions are poor with high mortality due to exhaustion, dehydration and lack of pasture. The number of livestock in the market has reduced from 5,000 to 2,000 with 20 animals dying in the market on 3 August. The most affected areas are Modogashe, Lagadera Dujis, Shimbir, Mbalambala and Korakora. There is increasing competition for water between livestock and humans. Livestock are primarily moving towards Ijara where there has been some rain, but tsetse infested. Camels are suffering from trypanosomiasis. In Mandera, there is increasing competition for resources with cattle and sheep mortality estimated to have increased up to 30 per cent. Animals that remain in the district have nowhere to move due to the poor conditions prevailing in neighboring districts (which means mortality is likely to increase). Goats and camels remain in fair to poor condition.

Response: Humanitarian response is being up scaled by both the government and NGOs. The Livestock Sector is geared towards livestock off-take, vaccination / treatment and feeding. The government, supported by NGOs, is supporting livestock off-take in every ASAL district. There is a strong component of Community Managed Disaster Risk Reduction in many NGO projects. In the agriculture sector, responses are targeted at enhancing the possibilities for recovery through the provision of drought tolerant seeds, tools, support to post harvest handling, and the rehabilitation of smallholder irrigation schemes. [There has been significant publicity in the past few weeks on the Morulem irrigation scheme which was rehabilitated by District Agricultural office / District Irrigation Officer, World Vision, the Turkana Rehabilitation Programme (TRP) and VSF Belgium through funding from FAO and food for assets from WFP. In total 750 acres are now under crop cultivation in one of the areas worst affected by the drought. The scheme is now supporting over 1,000 drought related IDPs. This is a clear example where a limited amount of funds, close collaboration and early planning has had a significant impact on abilities to cope with drought].

Gaps & Constraints: Funding gaps remain to address the distribution of drought- tolerant seed and fertilizers, provision of range seeds and feed supplements, and livestock feed and treatment. Further activities requiring funding include: supply of fertilizers and soil / water conservation through cash for work rehabilitation of small holder irrigation schemes; animal disease surveillance and off-take.

IV. Refugee Multi-Sector Response

The daily influx of refugees from Somalia to Dadaab remains as high as 1,500 a day since the surge was reported on 6 June. A total of 77,412 refugees mainly from Somalia have arrived in Dadaab camps as at 4 August (from 6 June), out of whom 41,289 have been registered by the Department of Refugee Affairs (DRA) and issued with ration cards after documentation by UNHCR. The remaining 36,123 are waiting for level II registration. Dadaab camps currently host 397,135 refugees.

Kenya now hosts more than half a million refugees pegged at more than 535,000 people, the majority of whom live in the overcrowded Dadaab camps.



EMERGENCY SHELTER

Needs: Based on the sustained high number of new arrivals since June, UNHCR has revised its estimates for emergency shelter required until the end of the year. It is expected that by December 2011, some 180,000 new arrivals in 2011 will require some 36,000 tents. With nearly 400,000 refugees settled in camps designed for 90,000 people, overcrowding remains a huge problem and poses public health and security concerns. There is urgent need to decongest the camps through relocation to other sites.

Response UNHCR has mobilized emergency stocks of tents in the region and some 9,000 tents have been received in Dadaab in addition to the 4,000 already in warehouses. An appeal was launched for an additional 10,000 tents. UNHCR has received indications from donors for some provision of 2,000 additional tents.

The relocation of the refugees from the congested flood plains in the outskirts of Ifo camp into Ifo extension is continuing. On 4 August, 337 families comprising 1402 persons were allocated tents/plots in Ifo extension bringing the total population relocated so far to 2,872 families comprising 12,314 persons.

Gaps & Constraints: There is a shortage of tents for new arrivals. Construction work is needed to complete some of the infrastructure in Ifo II camp. As refugee families continue to encroach on host community land on the outskirts of the existing camps, UNHCR and partners have undertaken to re-organise the plots and provide basic water, sanitation and health assistance to these areas. Development of the Kambiross site (to relieve congestion at Hagadera) for relocation is still underway. Progress realized as at 27 July: 36 blocks were surveyed, 3 sections out of 20 surveyed; 192 plots out of 15,040 demarcated; and 7.5 km of road cleared. LWF has deployed two additional surveyors and survey equipment. Oxfam has started digging latrines and setting up of the first water tanks.



FOOD

Needs: Resource mobilization and procurement of more food stocks is necessary to avoid a pipeline break in September. The caseload requires some 8,000 MT of commodities per month.

Response: WFP is expecting food shipments to arrive in September / October 2011. WFP is also trying to procure some food commodities locally despite the scarcity of food within the region to ensure all refugees get the recommended 2100Kcal/day. WFP and UNHCR have agreed to distribute high energy biscuits and dry food rations to all new arrivals at reception centres before registration takes place.

Gaps & Constraints: There is need for supply of high energy biscuits to all new arrivals. Plumpy'nut and high energy biscuits stocks are running low.



NUTRITION

Needs: New arrivals in the last three months constitute up to 50 per cent of admissions to selective feeding programmes. In June, there were 3,103 admissions to supplementary feeding programmes and 467 inpatient admissions for acute malnutrition with a seven percent case fatality rate.

Response: Opening of a reception centre in each camp on 6 June has helped identify extremely vulnerable cases in time. Medical and nutrition screening, identification of vulnerable cases, information sharing, and transportation to the registration centre and timely provision of food and non-food items is provided at screening/reception centres. There is provision of a 21-day package of food and non-food items which can be followed by 15-day rations if required. There are 15 supplementary feeding sites, 16 outpatient therapeutic sites and three stabilization centres in the camps. Agencies have intensified screening for malnutrition at community level and referral to appropriate programmes. Outpatient and inpatient therapeutic feeding programmes have a current caseload of 4,780 children with acute malnutrition. In addition there are supplementary feeding programme for the moderately malnourished, pregnant and lactating mothers; and TB/HIV patients, as well as blanket Lipid Nutrition Supplement (for ages 6 to 23 months). There is improvement in WASH services and in management of watery diarrhea. UNICEF is providing essential commodities and technical support (Ready-to-Use Therapeutic Food). These supplies will reach an estimated 1,537 children.

Gaps & Constraints: Strengthen Community Management of Acute Malnutrition (CMAM) to reach 54,000 (18,000 children per camp) in Dadaab; increase staffing (nutritionists, nutrition nurses, community nutrition workers); procurement of anaemia prevention supplements and products for 55,000 adolescent girls and young women in Dadaab; procurement of complementary food (green grams).



HEALTH

Needs: Under-five mortality rates have increased up to four-fold compared to last year with proportional mortality due to acute malnutrition. A measles campaign was last conducted 28 March to 7 April for all children aged (9 months to 14 years in all Dadaab camps by UNHCR, IRC, GIZ, MSF and ADEO with over 158,000 children vaccinated and 94.9% coverage. The new influx of refugees in the camps since 6 June has widened the coverage gap and raises the risk of disease outbreaks spreading.

Response: Health partners in Dadaab camps, on 1 to 5 August, have started an integrated measles, polio and Vitamin A supplementation. UNICEF, in partnership with WHO, is supporting the procurement of 324,000 doses of measles vaccines targeting a population under 29 years, and 119,560 doses of oral polio, and 239,120 doses of DPT vaccines targeting children under age 5. UNICEF is procuring cold chain equipment including 6 freezers, 3 refrigerators adequate for the 3 hospitals, and 16 cold boxes and 16 vaccine carriers adequate for the 16 health posts for use during outreach services.

There are three hospitals and 16 health posts in the three camps which have improved access to health and nutrition services including comprehensive reproductive health services, in which UNFPA is providing

supplies. Sexual and gender based violence cases are offered appropriate clinical and psychosocial services and protection. Training and supporting of new community health workers in new arrival areas is ongoing. There is an increased number of health workers to attend to the high numbers of new arrivals through MSF, GIZ, IRC and CARE who have all increased their support capacity to Dadaab. A Centers for Disease Control (CDC) Team from Emergency and Refugee Health Branch, Atlanta arrived on 13th July in Dadaab to support UNHCR and health agencies in mortality and nutrition surveillance as well as outbreak preparedness and response UNICEF supported Liboi health centre at the Somalia border and Kulan dispensary with funds for government staffing, emergency health drugs and supplies that are adequate for 10,000 people for a period of three months.

Gaps & Constraints: Financial needs remain to hire qualified staff especially nurses, midwives, nutrition nurses and clinical officers. There is need for additional community health and nutrition workers and an expanded role of up to 400 Community Health Workers (CHWs) to include some aspects of community based management of common illnesses, transport for obstetric emergencies for new arrivals, infrastructure development (expanded maternity, stabilization centres and pediatric wards) and specialist services (e.g. ophthalmic, ENT, dental; referral budget for secondary and tertiary care). Some 110,000 long lasting insecticide treated mosquito nets are needed to cover new caseloads and replace old ones. For PSEA, the complaints mechanism in place needs to be translated in the local language. There is need for working with the Kenya Police to develop a system that is civilian-sustained and for the refugees to embrace the concept of community policing.



EDUCATION

Needs: There are 43,192 refugees, out of whom 16,655 are girls, enrolled in primary schools in the Dabaab camps. The enrolment rate stands at 42 per cent and is expected to decrease with the high influx of refugees recorded since June. There are 19 primary schools and the average class teacher-pupil ratio stands at 1:60 with the lower primary classes having a ratio of 1:90.

Response: Through the programme agreement that is currently being finalized between UNICEF and Association of Volunteers in International Service (AVSI), it is agreed that AVSI will construct 150 classroom units of which 132 will be used for teaching, 12 rooms will be for staff and the remaining 6 rooms will be used for kitchens to support school feeding in Kambioss, Hagadera, Dagahaley, Ifo camps.

Gaps & Constraints: Additional temporary learning structures, teachers, and teaching and classroom materials.



PROTECTION

Needs: The backlog in registration continues, however UNHCR is currently working to on a methodology to solve the problem. Since spontaneous settlement has made it difficult for protection monitoring and adequate intervention, the protection sector is supportive of the current relocation as orderly settlement can only enhance refugee safety. Screening and tracing services continue for separated and unaccompanied children.

Response: One large recreation kit (250 footballs/50 volleyballs) has been sent to Save the Children UK for the Child Friendly Spaces (CFS) in Dadaab camps. Through the existing CFS in Dadaab, UNICEF and SCUK have reached 3,043 children in the past week. In Dadaab, UNICEF has supported the development of a structured case management system so that 2,750 children with acute protection concerns are placed in alternative care (for example, foster parent programmes). The case management system is being expanded with personnel to respond to 3,500 children, increased support is given to foster parents through economic empowerment initiatives, and an additional 90 foster families will be identified and trained to bring the total to 390. In support to IRC on the supply components of GBV programming, UNICEF will provide 2,500 flashlights, whistles, buckets, and bars of soap as part of supporting IRC's dignity kit supply needs.

As part of contingency planning for additional refugees from South Sudan, UNICEF has signed a small scale funding agreement with Lutheran World Federation (LWF) in Kakuma refugee camp in order to ensure additional capacity is in place to provide identification, foster-care placement and monitoring of separated children and to support recreational activities and child right clubs with supplies. The additional funding will contribute to identifying an estimated 600 – 1,000 unaccompanied minors/orphans and identify and train and additional 335 foster families.

UNFPA, IRC and GTZ are responding to gender-based violence among women through provision of treatment and counseling to survivors of GBV. This has been undertaken by procuring rape treatment kits

and disseminating GBV Standard Operating Procedures (SOPs). UNICEF and UNHCR have been assessing the SGBV situation during the period.

There is an Inter-Agency Working Group (IAWG) on Protection from Sexual Exploitation and Abuse (PSEA) consisting of 10 humanitarian partners (Department of Refugee Affairs, Lutheran World Federation, IOM, WFP, Care Kenya, UNHCR, GTZ, IRC, NCKK, Film Aid). The LWF continues to carry out mass information and awareness campaigns targeting all new arrivals. NCKK are carrying out a number of sensitization trainings, while most PSEA sessions are facilitated by UNHCR and CARE. CARE Kenya has an established reporting and complaints system for food and logistics within their distribution centre.



WATER SANITATION HYGIENE

Needs: Increased influx in the three camps has generated additional need for WASH services especially for the 60,000 currently settling on the outskirts of the Dadaab camps. Current water coverage is 180m³/day in Dagahaley outskirts (through water trucking and extension of piped water from the existing infrastructures in the camp. Sanitation coverage in Dagahaley outskirts is 1 latrine per 30 people. The recommended standard is 1 per 20 in a camp setting. Water trucking supply in Hagadera outskirts is 80 cubic metres per day which translates to nine litres per person per day, as opposed to the recommended 15 litres per person per day.

Response: Water trucking, piped water supply and hydro survey are ongoing in Ifo, Dagahaley and Hagadera outskirts to address water and sanitation, and hygiene needs. Additional water points, additional water tankers and additional latrines have been provided to cater for the new arrivals. Jerry cans and soap for hand-washing distribution started at the reception centers on 15 July. Recruitment of hygiene promoters is ongoing. Five boreholes are being replaced in Ifo and Dagahaley. The replaced boreholes will have an independent water supply network to serve the influx areas of the two camps.

In Ifo extension, temporary storage water tanks (10m³x2) are filled by water trucking twice a day. A 1.2 km pipeline extension from developed Ifo to Ifo extension is ongoing and will replace water trucking. Construction of emergency tap stands and toilets are ongoing (with a ratio of coverage of 1:50 divided by gender). In Kambioos (7km from Hagadera camp), water trucking is ongoing while arrangements for drilling permits and emergency latrines to cover up to 40,000 people within the next 3 months are finalized.

In the past week some 535 jerry cans and 1,365 10L buckets (with lids) were sent to Dadaab by UNICEF and will be distributed as part of NFI package to new arrivals in the outskirts and households completing nutritional treatment through IRC in Hagadera and GIZ in Ifo hospital. An agreement has been developed with CARE to reach 90,000 people with hygiene promotion. Support will be provided to DRC for installation of 16 strategic water points to provide water for the refugees walking from the border along three major influx routes. The water points will be supplied by trucking water from community boreholes and will include repair and maintenance of borehole equipment and fuel subsidy. Drilling of host community Labisigele borehole (near Liboi) started, with 148m depth done out of 180m target.

Gaps & Constraints: Strengthening hygiene promotion needs to be strengthened. Additional staff and incentive workers/community mobilizers and a commonly shared hygiene promotion intervention strategy are needed. Although Ifo extension and Kambioos will reduce the water and sanitation coverage gaps in the three currently inhabited outskirts, water supply volumes need to be increased in terms of coverage and reliability (additional water trucks and water trucking points/tap stands/tanks need to be installed). Hygiene items need to be harmonized in terms of needs and distribution. Water and sanitation coverage remain below the recommended standards because of overcrowding and the stretched resources.

IV. Coordination

The Government of Kenya hosted an inter-sector coordination meeting between various Government Ministries, humanitarian sector leads and partner NGOs. Whilst sector meetings, co-lead by government and humanitarian agencies, have been taking place to coordinate the response, the Crisis Consultative Forum (CCF) held on 2 August is the first inter-sector meeting the Government has hosted with UN and NGO partners. The Permanent Secretary of the Ministry of State for Special Programmes, Andrew Mondoh, commended current coordination between partners in response to drought needs, and called for strengthened collaboration to ensure that response is reaching affected populations on time. The CCF has been reactivated will now meet twice a month to coordinate response and share information on humanitarian

operations. The meeting agreed that current challenges in response include gaps in reaching the total number of affected populations with food assistance.

The United Nations and NGO partners have suggested that the government develops guidelines on what in-kind support should be provided, after controversy arose over powdered milk donations. UNICEF said powdered milk donations should be controlled and not distributed widely as they can be dangerous when distributed to places facing water challenges where safe preparation methods are compromised.

The National Health and Nutrition meeting was held in the Ministry of Public Health and Sanitation on 28 July. The meeting was chaired by the Director of Disease prevention and control. Key outcomes of the meeting include the Ministry of Public Health and Sanitation (MOPHS) assigning three Senior Technical Officers to lead the Health sector coordination The Health Sector Disaster Operations Centre for coordination, data analysis and mapping has been established in the Division of Disease Surveillance and Response in MOPHS.

V. Funding

As of 3 August, the Kenya 2011+ Emergency Humanitarian Response Plan reflected revised requirements of \$740 million. The appeal has received funding contributions amounting to \$364 million or 49 per cent funding coverage. Overall, total contributions to humanitarian action in Kenya (both within and outside the framework of the appeal) amount to \$450 million.

740 million
requested (US\$)

364 million
Funded (US\$)

A more detailed report on humanitarian funding in Kenya was released by OCHA during the period.

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